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APPLICANTS

Erik Jon Peterson, Grayslake, IL;  
 Scott William Gabbert, Grayslake, IL;

*ju*  
 \*\* CONTINUING DATA \*\*\*\*\*

*gn*  
 \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IL	SHEETS DRAWING 4	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 2
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Verified and Acknowledged  
 Examiner's Signature *San Weaver* Initials *SA*

ADDRESS  
 34892  
 NOVEL IDEAS INC  
 1117 SILO HILL DRIVE  
 GRAYSLAKE , IL  
 60030

TITLE  
 DISPENSING AID FOR ADMINISTERING MEDICATIONS TO INFANTS

FILING FEE  RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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